Speech-Language Clinic Handbook

Procedural Manual to be used in Clinical Practicum in Speech-Language Pathology

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SPHS 5309

http://dept.lamar.edu/cofac/deptspeech/clinic.asp

Compiled by the Speech-Language Clinical Faculty and Department Chair
Master's Program in Speech-Language Pathology
Accredited by
Council on Academic Accreditation
In Audiology and Speech-Language Pathology of
American Speech-Language-Hearing Association
This Speech-Language Clinic Handbook is a procedural manual to be used in Clinical Practicum in Speech-Language Pathology at Lamar University. However, there are additional Internet resources to be aware of as questions or issues arise that are not addressed within this handbook.

http://www.asha.org
This is the Internet address for the American Speech-Language-Hearing Association (ASHA). This site is a resource for ASHA members, NSSLHA members, persons interested in information about communication disorders, and for those wanting career and membership information.

http://dept.lamar.edu/graduatestudies/
This is the Internet address for the Lamar University College of Graduate Studies. This site contains information on research, academic courses, graduate programs, funding, procedures, forms, and more.

http://www.txsha.org/
This is the Internet address for the Texas Speech-Language Hearing Association. The site contains information about the association and its activities around the state. It also has information about available jobs in Texas and continuing education opportunities.
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ASHA CODE OF ETHICS

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the conduct of research and scholarly activities and responsibility to persons served, the public, and speech-language pathologists, audiologists, and speech, language, and hearing scientists.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or participants in research and scholarly activities and shall treat animals involved in research in a humane manner.

Rules of Ethics

A. Individuals shall provide all services competently.
B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
D. Individuals shall not misrepresent the credentials of assistants, technicians, or support personnel and shall inform those they serve professionally of the name and professional credentials of persons providing services.
E. Individuals who hold the Certificates of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, students, or any nonprofessionals over whom they have supervisory responsibility. An individual may delegate support services to assistants, technicians, support personnel, students, or any other persons only if those services are
adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.

F. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

G. Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.

H. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

I. Individuals shall not provide clinical services solely by correspondence.

J. Individuals may practice by telecommunication (for example, telehealth/e-health), where not prohibited by law.

K. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed and shall allow access to these records only when authorized or when required by law.

L. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community or otherwise required by law.

M. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

N. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.

O. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence.

Rules of Ethics

A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.

C. Individuals shall continue their professional development throughout their careers.

D. Individuals shall delegate the provision of clinical services only to: (1) persons who hold the appropriate Certificate of Clinical Competence; (2) persons in the education or certification process who are appropriately supervised by an individual who holds the appropriate Certificate of Clinical Competence; or (3) assistants, technicians, or support personnel who are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.

E. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

F. Individuals shall ensure that all equipment used in the provision of services or to conduct
Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including dissemination of research findings and scholarly activities.

Rules of Ethics

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
B. Individuals shall not participate in professional activities that constitute a conflict of interest.
C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal financial interest.
D. Individuals shall not misrepresent diagnostic information, research, services rendered, or products dispensed; neither shall they engage in any scheme to defraud in connection with obtaining payment or reimbursement for such services or products.
E. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, and about research and scholarly activities.
F. Individuals' statements to the public—advertising, announcing, and marketing their professional services, reporting research results, and promoting products—shall adhere to prevailing professional standards and shall not contain misrepresentations.

Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

A. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
B. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, sexual harassment, or any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
C. Individuals shall not engage in sexual activities with clients or students over whom they exercise professional authority.
D. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
E. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
F. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
G. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
H. Individuals shall not discriminate in their relationships with colleagues, students, and members of allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.

I. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

J. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.
Scope of Practice in Speech-Language Pathology


Index terms: scope of practice

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*Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology*
About this Document

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Kenn Apel (chair), Theresa E. Bartolotta, Adam A. Brickell, Lynne E. Hewitt, Ann W. Kummer, Luis F. Riquelme, Jennifer B. Watson, Carole Zangari, Brian B. Shulman (vice president for professional practices in speech-language pathology), Lemmietta McNeilly (ex officio), and Diane R. Paul (consultant). This document was approved by the ASHA Legislative Council on September 4, 2007 (LC 09-07).

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Introduction

The Scope of Practice in Speech-Language Pathology includes a statement of purpose, a framework for research and clinical practice, qualifications of the speech-language pathologist, professional roles and activities, and practice settings. The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Given the diversity of the client population, ASHA policy requires that these activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimal outcomes for persons with communication and/or swallowing disorders or differences. As part of the review process for updating the Scope of Practice in Speech-Language Pathology, the committee made changes to the previous scope of practice document that reflected recent advances in knowledge, understanding, and research in the discipline. These changes included acknowledging roles and responsibilities that were not mentioned in previous iterations of the Scope of Practice (e.g., funding issues, marketing of services, focus on emergency responsiveness, communication wellness). The revised document also was framed squarely on two guiding principles: evidence-based practice and cultural and linguistic diversity.

Statement of Purpose

The purpose of this document is to define the Scope of Practice in Speech-Language Pathology to

1. delineate areas of professional practice for speech-language pathologists;
2. inform others (e.g., health care providers, educators, other professionals, consumers, payers, regulators, members of the general public) about professional services offered by speech-language pathologists as qualified providers;
3. support speech-language pathologists in the provision of high-quality, evidence-based services to individuals with concerns about communication or swallowing;
4. support speech-language pathologists in the conduct of research;
5. provide guidance for educational preparation and professional development of speech-language pathologists.
Fig. 1 Conceptual Framework of ASHA Practice Documents

Framework for Research and Clinical Practice

This document describes the breadth of professional practice offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. A speech-language pathologist typically does not practice in all areas of the field. As the ASHA Code of Ethics specifies, individuals may practice only in areas in which they are competent (i.e., individuals' scope of competency), based on their education, training, and experience.

In addition to this scope of practice document, other ASHA documents provide more specific guidance for practice areas. Figure 1 illustrates the relationship between the ASHA Code of Ethics, the *Scope of Practice*, and specific practice documents. As shown, the ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to the preservation of the highest standards of integrity and ethical conduct in the practice of speech-language pathology.

Speech-language pathology is a dynamic and continuously developing profession. As such, listing specific areas within this *Scope of Practice* does not exclude emerging areas of practice. Further, speech-language pathologists may provide additional professional services (e.g., interdisciplinary work in a health care setting, collaborative service delivery in schools, transdisciplinary practice in early intervention settings) that are necessary for the well-being of the individual(s) they are serving but are not addressed in this *Scope of Practice*. In such instances, it is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.

This scope of practice document does not supersedes existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.
The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life. As the population profile of the United States continues to become increasingly diverse (U.S. Census Bureau, 2005), speech-language pathologists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech-language pathologists are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing. For example, one aspect of providing culturally and linguistically appropriate services is to determine whether communication difficulties experienced by English language learners are the result of a communication disorder in the native language or a consequence of learning a new language.

Additionally, an important characteristic of the practice of speech-language pathology is that, to the extent possible, clinical decisions are based on best available evidence. ASHA has defined evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise and the individual's preferences and values into the process of clinical decision making (ASHA, 2005). A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services. The research base can be enhanced by increased interaction and communication with researchers across the United States and from other countries. As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., Lombardo, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders can be a means to strengthen research collaboration and improve clinical services.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the speech-language pathologist in the prevention, assessment, and habilitation/rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

- **Health Conditions**
  - **Body Functions and Structures:** These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
  - **Activity and Participation:** Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

- **Contextual Factors**
  - **Environmental Factors:** These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.
  - **Personal Factors:** These are the internal influences on an individual’s functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person's background or culture that influences his or reaction to a communication and/or swallowing disorder.

The framework in speech-language pathology encompasses these health conditions and contextual factors. The health condition component of the ICF can be expressed on a continuum of functioning. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. Speech-language pathologists may influence contextual factors through education and advocacy.
efforts at local, state, and national levels. Relevant examples in speech-language pathology include a user of an augmentative communication device needing classroom support services for academic success, or the effects of premorbid literacy level on rehabilitation in an adult post brain injury. Speech-language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.

Qualifications

Speech-language pathologists, as defined by ASHA, hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA certified speech-language pathologists complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards. Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. Where applicable, speech-language pathologists hold other required credentials (e.g., state licensure, teaching certification).

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with preservice education, clinical practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.

As primary care providers for communication and swallowing disorders, speech-language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. However, individuals frequently benefit from services that include speech-language pathologist collaborations with other professionals.

Professional Roles and Activities

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas:

- **Speech sound production**
  - articulation
  - apraxia of speech
  - dysarthria
  - ataxia
  - dyskinesia

- **Resonance**
  - hypernasality
  - hyponasality
  - cul-de-sac resonance
  - mixed resonance

- **Voice**
  - phonation quality
  - pitch
  - loudness
  - respiration

- **Fluency**
  - stuttering
  - cluttering

- **Language (comprehension and expression)**
  - phonology
  - morphology
  - syntax
  - semantics
  - pragmatics (language use, social aspects of communication)
  - literacy (reading, writing, spelling)
  - prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
• paralinguistic communication

**Cognition**
• attention
• memory
• sequencing
• problem solving
• executive functioning

**Feeding and swallowing**
• oral, pharyngeal, laryngeal, esophageal
• orofacial mycology (including tongue thrust)
• oral-motor functions

Potential etiologies of communication and swallowing disorders include:

• neonatal problems (e.g., prematurity, low birth weight, substance exposure);
• developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention deficit disorder);
• auditory problems (e.g., hearing loss or deafness);
• oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral-motor dysfunction);
• respiratory compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
• pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
• laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy);
• neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis);
• psychiatric disorder (e.g., psychosis, schizophrenia);
• genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome).

The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.

**Clinical Services**

Speech-language pathologists provide clinical services that include the following:

• prevention and pre-referral
• screening
• assessment/evaluation
• consultation
• diagnosis
• treatment, intervention, management
• counseling
• collaboration
• documentation
• referral

Examples of these clinical services include:
1. using data to guide clinical decision making and determine the effectiveness of services;
2. making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;
3. determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
4. documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
5. collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams);
Screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;

Providing intervention and support services for children and adults diagnosed with speech and language disorders;

Providing intervention and support services for children and adults diagnosed with auditory processing disorders;

Using instrumentation (e.g., videofluoroscopy, electromyography, nasendoscopy, stroboscopy, endoscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;

Counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;

Facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;

Serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams);

Providing referrals and information to other professionals, agencies, and/or consumer organizations;

Developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules);

Providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training for children with cochlear implants and hearing aids; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage);

Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;

Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists; ASHA, 2004)

Providing services to modify or enhance communication performance (e.g., accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness).

**Prevention and Advocacy**

Speech-language pathologists engage in prevention and advocacy activities related to human communication and swallowing. Example activities include:

1. Improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding);

2. Presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups;

3. Providing early identification and early intervention services for communication disorders;

4. Advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers;

5. Advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties;

6. Promoting and marketing professional services;

7. Advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing;

8. Advocating at the local, state, and national levels for funding for research;

9. Recruiting potential speech-language pathologists into the profession;
10. participating actively in professional organizations to contribute to best practices in the profession

Education, Administration & Research

Speech-language pathologists also serve as educators, administrators, and researchers. Example activities for these roles include:

1. educating the public regarding communication and swallowing;
2. educating and providing in-service training to families, caregivers, and other professionals;
3. educating, supervising, and mentoring current and future speech-language pathologists;
4. educating, supervising, and managing speech-language pathology assistants and other support personnel;
5. fostering public awareness of communication and swallowing disorders and their treatment;
6. serving as expert witnesses;
7. administering and managing clinical and academic programs;
8. developing policies, operational procedures, and professional standards;
9. conducting basic and applied/translational research related to communication sciences and disorders, and swallowing.

Practice Settings

Speech-language pathologists provide services in a wide variety of settings, which may include but are not exclusive to:

1. public and private schools;
2. early intervention settings, preschools, and day care centers;
3. health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. private practice settings;
5. universities and university clinics;
6. individuals' homes and community residences;
7. supported and competitive employment settings;
8. community, state, and federal agencies and institutions;
9. correctional institutions;
10. research facilities;
11. corporate and industrial settings.

References


Resources

ASHA Cardinal Documents

General Service Delivery Issues
Admission/Discharge Criteria

Autonomy

Culturally and Linguistically Appropriate Services

Definitions and Terminology

Evidence-Based Practice

Private Practice

Professional Service Programs

Speech-Language Pathology Assistants
Scope of Practice in Speech-Language Pathology


Supervision

Clinical Services and Populations

Aproaxia of Speech

Auditory Processing

Augmentative and Alternative Communication (AAC)

Aural Rehabilitation

Autism Spectrum Disorders
Cognitive Aspects of Communication

Deaf and Hard of Hearing

Dementia

Early Intervention

Fluency

Hearing Screening

Language and Literacy

Mental Retardation/Developmental Disabilities

Orofacial Myofunctional Disorders

Prevention

Severe Disabilities
Scope of Practice in Speech-Language Pathology

Social Aspects of Communication

Swallowing

Voice and Resonance
Scope of Practice in Speech-Language Pathology


Business Practices in Health Care Settings


Multiskilling


Neonatal Intensive Care Unit


Sedation and Anesthetics


Telepractice


School Services Collaboration


Evaluation


Facilities


Inclusive Practices
**Scope of Practice in Speech-Language Pathology**

**Roles and Responsibilities for School-Based Practitioners**

**“Under the Direction of” Rule**

**Workload**
Dress and Personal Appearance Code

It is important that clinicians dress in a professional manner whenever they are providing diagnostic or therapy services in any Lamar Speech & Hearing Clinic setting. The way one dresses reflects the quality of service provided, the level of respect one feels for the client and family, and the high standards of professionalism required. The way you dress should not distract the client from the services provided. This dress code is also the minimum requirement for all off-campus clinical placements. Individual facilities may have additional or more stringent guidelines.

Any student who is not dressed appropriately will not be allowed to participate in clinic. For this reason, it may be beneficial to keep a change of clothing, sweater, etc., in your locker to use if needed. If inappropriate attire continues, a Professional Protocol Notice will be written and a “U” may be issued under Professional Behavior on the CSCF.

All Clothing:
- All clothing must be loose fitting, clean, neat, and in good condition.

Name Badge:
-Clinicians must wear their name badge when providing services to patients.

Hair:
- No abnormal (e.g. Mohawk) or distracting coloring (e.g. pink, blue, green, etc.) is allowed.

Pants:
- No denim jeans, Capri length pants or shorts are allowed without permission from your supervisor.
- Pants must not be excessively tight, baggy or ride excessively low on the hips.
- Any pants/skirt/shirt combination must cover the midriff when the arms are raised and also cover the back when bending over.
- No shorts are allowed.
- No bib overalls, sweatpants, or spandex.

Skirts/Dresses:
- Skirts must be of a reasonable length and no more than 3 inches above the knee.
- Skirts must be reasonably loose and not excessively form fitting.
- No spaghetti-strap dresses.

Shirts/Blouses:
- Shirts and blouses must have a sleeve (no tank tops).
- Shirts for men must have collars and be tucked in. T-shirts are recommended. T-shirts are not appropriate.
- Ladies’ low-cut tops that show cleavage or shirts that are see-through are not allowed.
- Tops should be reasonably loose and no form fitting or so tight as to create a gap in the front.

Shoes:
- Shoes should look professional.
- Flip-flops are not allowed.
- Tennis shoes are allowable only with supervisor’s consent.

Nails:
- Length must be moderate. No abnormal or distracting polish colors.

Body Art:
- Any visible or potentially visible body art needs to be removed or covered if possible. Oral or facial piercing (tongue, lip, and eyebrow) must be removed.
- Tattoos must be covered with long sleeves or a high collar. Ankle or foot tattoos must be covered with pants or socks.
OTHER INFORMATION FOR STUDENTS OF LAMAR UNIVERSITY

Students with Disabilities:
Any student who has a disability that will require some modification of seating, testing, or other class requirements is urged to immediately seek such an accommodation. Students with disabilities must be registered with the Services for Students with Disabilities office director in the Wimberly building, room 101 before classroom accommodations can be provided. If you have a disability that requires academic adjustments, please make an appointment with either instructor to discuss your needs as soon as possible. For more information please call (409) 880-8347 or email callie.trahan@lamar.edu.

Student Rights, Complaints, and Academic Misconduct:
The official policies of the University concerning student rights and complaints, honesty and academic misconduct can be found in the Student Policies & Handbooks section on the Lamar University homepage. In general, complaints should be brought first to the instructor(s) and then, if they cannot be resolved, to the departmental Chair. The Chair of SPHS is Dr. William Harn.

Electronic Communication Devices
Cell phone, pagers, and other electronic communication devices should be turned off during class, and while participating in clinical practicum onsite and offsite.

Campus Emergency
In the event of a major campus emergency, course requirements, deadlines and grading percentages are subject to changes that may be necessitated by a revised semester calendar or other circumstances. We will e-mail you any changes and/or post information on Web-CT Vista web page.
The Graduate Clinician:

A. ETHICAL PRACTICES
   - Conducts all clinical work in accordance with the Lamar University Professional Protocol and the Code of Ethics set forth by the American Speech-Language Hearing Association.

B. DEPENDABILITY
   - Prepares for and conducts clinical services as assigned.
   - Prepares for and conducts meetings/conferences/consultations (reviews appropriate files, develops questions and/or key points for discussion.)
   - Carries out all duties to accomplish total case management (e.g., forms, phone calls, referrals, etc.).
   - Makes appropriate arrangements and notifies all concerned regarding any schedule/location change or cancellation.

C. PUNCTUALITY
   - Conducts clinical contacts within appropriate time frame.
   - Therapy should begin promptly and end promptly in order to allow sufficient time for clean-up and setting-up the next session.
   - Appointments will not be canceled without supervisor approval.
   - In case of clinician illness, it is the clinician’s responsibility to
     a. Notify supervisor first
     b. Discuss with supervisor arrangements for make-up appointments
   - Please be certain that supervisors are notified in advance of any anticipated absences from professional responsibilities.
   - Submits all written assignments (e.g., lesson plans, test results, reports, letters, goals, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines.
   - Attends all meetings/conferences/consultations promptly.

D. CONFIDENTIALITY
   - Retains patient folders in assigned locations in office or therapy rooms.
   - Utilizes discretion concerning patient information in written and oral communication with others.

E. PERSONAL APPEARANCE
   - Utilizes discretion in dress and behavior in professional activities.
   - Wears name badge.
   - Maintains and promotes a professional image.

E. COMMUNICATION
   - Utilizes appropriate communication in all professional activities.
   - Provides appropriate communication model for patient and family.
   - Appropriate written and oral communication is used with all persons involved in the case including supervisor, co-clinicians, and other professionals.
   - Contact supervisor regarding inability to complete work by designated deadline.
   - Check mailbox at least once per day.

F. ACCOUNTABILITY
   - A working folder (including lesson plans and patient-clinician analysis) is kept up-to-date for the full semester during which the patient is seen for services.
   - Documentation (test results, data on specific goals, correspondence, release of information, etc.) is updated and kept in working folder.
   - Appropriate billing forms are filled out in a timely manner.
   - Information in the Lamar University Speech & Hearing Clinic Handbook and is reviewed and used on a daily basis.
   - Use universal safety precautions whenever necessary.
   - Use HIPAA compliance standards whenever necessary.

Failure to meet these standards will result in probationary status to be determined by the Clinical Supervisor(s) directly involved. The result may be lowering of the semester clinical grade and/or termination of clinical responsibilities.
Professional Infraction Notice

To: ___________________________________, Graduate Clinician

From: __________________________________, Clinical Instructor

Date: _____________________

On __________ (date),

you___________________________________________________________________
______________________________________________________________________

This behavior is not consistent with the standards of clinical behavior at Lamar University’s Speech-Language Clinic. Please review the Protocol of Professional Behavior, and the Written and Oral/Nonverbal Communication Protocols described in the Clinical Skills Competency Form. If you have questions following that, please make an appointment to discuss them with your clinical supervisor. You will be notified if a remediation plan is appropriate and we will meet to formulate this plan in consultation with the clinical instructor(s), professor(s), or the Speech and Hearing Sciences Department Chair.

Please review the Graduate handbook, which describes in detail clinical practicum privileges, policies and implementation, evaluation of clinical practicum performance, and progress.

Please indicate that you have read this memo by signing and dating this memo and leaving it immediately in my mailbox.

__________________________________  ___________________
Graduate Clinician  Date

__________________________________  ___________________
Clinical Instructor  Date

Cc: William Harn, Ph.D., CCC-SLP
Chair of the Department of Speech & Hearing Sciences
Background Information
The Council on Professional Standards in Speech-Language Pathology and Audiology (Standards Council) of the American Speech-Language-Hearing Association (ASHA), which was sunset in December 2000, was responsible for developing the standards for clinical certification and for monitoring those standards. That is, the Standards Council developed new standards in response to changes in the scope of practice, to protect consumers and to promote quality services. In January 2001 the Council For Clinical Certification (CFCC) was established and assumed both the standard-setting and implementation functions. After finalization of the standards, the CFCC began the development of the implementation language, which clarifies or interprets the standards.

The Standards Council had developed an action plan to identify the "...academic, clinical, and other experiences required for attaining the critical knowledge and skills necessary for entry-level, independent practice of speech-language pathology." As a part of that plan, ASHA commissioned the Educational Testing Service to conduct a skills validation study for the profession of speech-language pathology, and the Standards Council examined information from the following: the skills validation study, practice-specific literature (e.g., scope of practice statements, position papers, preferred practice patterns, publications of related professional organizations), national examination results; information obtained from focus group discussions of the future of speech-language pathology (Practice Setting Panel, ASHA Leadership Conference, Multicultural Issues Board, and the Board of Division Coordinators); a review of external factors (e.g., demographic factors, changes in health care and public education service delivery systems, reimbursement changes in health care and public education service delivery systems, reimbursement regulations, state regulations, legal issues); consumer groups; and widespread peer review from the ASHA membership, the ASHA leadership, state licensure boards, academic programs, related professional organizations, and consumer groups.

Following a review of the data noted above, the Standards Council published proposed standards for widespread peer review in 1999. The proposed standards were modified on the basis of the peer review comments and adopted by the Standards Council in October 2000, to be implemented in 2005.

Overview of Standards
Although previous certification standards emphasized process measures of academic and clinical knowledge, the 2005 standards combine process and outcome measures of academic and clinical knowledge and skills. Process standards specify the experiences, such as course work or practicum hours; outcome standards require demonstration of specific knowledge and skills. The 2005 standards utilize a combination of formative and summative assessments for the purpose of improving and measuring student learning.

Salient features of the standards for entry-level practice include the following requirements:

1. A minimum of 75 semester credit hours culminating in a master's, doctoral, or other recognized post-baccalaureate degree. The graduate education in speech-language pathology must be initiated and completed in a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association.
2. Skills in oral and written communication and demonstrated knowledge of ethical standards, research principles, and current professional and regulatory issues.
3. Practicum experiences that encompass the breadth of the current scope of practice with both adults and children (with no specific clock-hour requirements for given disorders or settings) resulting in a minimum of 400 clock hours of supervised practicum, of which at least 375 hours must be in direct client/patient contact and 25 in clinical observation.
4. A 36-week speech-language pathology clinical fellowship that establishes a collaboration between the clinical fellow and a mentor.
5. A maintenance of certification requirement (Standard VII) that goes into effect on January 1, 2005.
## Standards and Implementation for the Certificate of Clinical Competence in Speech-Language Pathology
### Effective January 1, 2005

### Applicants for Initial Certification
Individuals applying for initial certification before January 1, 2005, may be able to apply under either the 1993 or the 2005 Standards, depending on when they began their graduate program of study. Please refer to the chart below that describes the scenarios under which individuals may apply for certification.

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<td>1993 Standards (through 12/31/05); then 2005 Standards beginning 1/1/06</td>
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<td>3. 1993</td>
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### Applicants for Reinstatement:
Individuals who were previously certified and who let their certification lapse must meet the 2005 standards if they wish to reinstate certification on or after January 1, 2005.

The Standards for the Certificate of Clinical Competence in Speech-Language Pathology are shown in bold. The related implementation procedures are shown in normal text following each standard.

### STANDARD I: DEGREE
Effective January 1, 2005, the applicant for certification must have a master’s or doctoral or other recognized post-baccalaureate degree. A minimum of 75 semester credit hours must be completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology.

### Implementation:
Verification of the graduate degree is required of the applicant before the certificate is awarded. Degree verification is accomplished by submitting (a) an application signed by the director of the graduate program indicating the degree date, and (b) an official transcript showing that the degree has been awarded. Individuals educated in foreign countries must submit official transcripts and evaluations of their degrees and courses to verify equivalency.

All graduate course work and graduate clinical practicum required in the professional area for which the Certificate is sought must have been initiated and completed at an institution whose program was accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association in the area for which the Certificate is sought.
Automatic Approval. If the graduate program of study is completed in a CAA-accredited program and if the program director verifies that all knowledge and skills requirements have been met, approval of the application is automatic, provided that the application for the Certificate of Clinical Competence is received by the National Office in accordance with the time lines stipulated in the chart above.

Evaluation Required. The following categories of applicants must submit a completed application for certification, and the completed Knowledge and Skills Acquisition (KASA) form for evaluation by the Council For Clinical Certification (CFCC):
(a) those who apply after the dates stipulated in the chart above
(b) those who were graduate students and were continuously enrolled in a CAA-program that had its accreditation withdrawn during the applicant's enrollment
(c) those who satisfactorily completed graduate course work, clinical practicum, and knowledge and skills requirements in the area for which certification is sought in a program that held candidacy status for accreditation
(d) those who satisfactorily completed graduate course work, clinical practicum, and knowledge and skills requirements in the area for which certification is sought at a CAA-accredited program but (1) received a graduate degree from a program not accredited by CAA; (2) received a graduate degree in a related area; or (3) received a graduate degree from a non-U.S. institution of higher education

The graduate program director must verify satisfactory completion of both undergraduate and graduate academic course work, clinical practicum, and knowledge and skills requirements.

STANDARD II: INSTITUTION OF HIGHER EDUCATION
The graduate degree must be granted by a regionally accredited institution of higher education.

Implementation:
The institution of higher education must be accredited by one of the following: Commission on Higher Education, Middle States Association of Colleges and Schools; Commission on Institutions of Higher Education, New England Association of Schools and Colleges; Commission on Institutions of Higher Education, North Central Association of Colleges and Schools; Commission on Colleges, Northwest Association Schools and Colleges; Commission on Colleges, Southern Association of Colleges and Schools; and Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges.

Individuals educated in foreign countries must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants educated in foreign countries must meet each of the Standards that follow.

STANDARD III: PROGRAM OF STUDY—KNOWLEDGE OUTCOMES
The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.

Implementation:
The program of study must address the knowledge and skills pertinent to the field of speech-language pathology. The applicant must demonstrate, through completion of the KASA form and supporting documentation, that the requirements in this standard have been met. The applicant must maintain documentation of course work at both undergraduate and graduate levels. The minimum 75 semester credit hours may include credit earned for course work, clinical practicum, research, and/or thesis/dissertation.

Standard III-A: The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

Implementation:
The applicant must have transcript credit (which may include course work, advanced placement, CLEP, or examination of equivalency) for each of the following areas: biological sciences, physical sciences, social/behavioral sciences, and mathematics. Appropriate course work may include human anatomy and
physiology, neuroanatomy and neurophysiology, genetics, physics, inorganic and organic chemistry, psychology, sociology, anthropology, and non-remedial mathematics. In addition to transcript credit, applicants may be required to provide further evidence of meeting this requirement.

**Standard III-B:** The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

**Implementation:**
This standard emphasizes the basic human communication processes. The applicant must demonstrate, through completion of the KASA form with supporting documentation, the ability to analyze, synthesize, and evaluate information pertaining to normal and abnormal human development across the life span, including basic communication processes and the impact of cultural and linguistic diversity on communication. Similar knowledge must also be obtained in swallowing processes and new emerging areas of practice. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.

**Standard III-C:** The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:

- Articulation
- Fluency
- Voice and resonance, including respiration and phonation
- Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- Hearing, including the impact on speech and language
- Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
- Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
- Communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

**Implementation:**
The applicant must demonstrate, through completion of the KASA form with supporting documentation, the ability to analyze, synthesize, and evaluate information delineated in this standard. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects. It is expected that course work addressing the professional knowledge specified in Standard III-C will occur primarily at the graduate level. The knowledge gained from the graduate program should include an effective balance between traditional parameters of communication (articulation/phonology, voice, fluency, language, and hearing) and additional recognized and emerging areas of practice (e.g., swallowing, upper aerodigestive functions).

**Standard III-D:** The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

**Implementation:**
The applicant must demonstrate, through completion of the KASA form with supporting documentation, the ability to analyze, synthesize, and evaluate information about prevention, assessment, and intervention over the range of differences and disorders specified in Standard III C above. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.
Standard III-E: The applicant must demonstrate knowledge of standards of ethical conduct.

Implementation:
The applicant must demonstrate, through completion of the KASA form with supporting documentation, knowledge of, appreciation for, and ability to interpret the ASHA Code of Ethics. Program documentation may reflect coursework, workshop participation, instructional module, clinical experiences, and independent projects.

Standard III-F: The applicant must demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.

Implementation:
The applicant must demonstrate, through completion of the KASA form with supporting documentation, comprehension of the principles of basic and applied research and research design. In addition the applicant should know how to access sources of research information and have experience relating research to clinical practice. Program documentation could include information obtained through class projects, clinical experiences, independent studies, and research projects.

Standard III-G: The applicant must demonstrate knowledge of contemporary professional issues.

Implementation:
The applicant must demonstrate, through completion of the KASA form with supporting documentation, knowledge of professional issues that affect speech-language pathology as a profession. Issues typically include professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures. Documentation could include information obtained through clinical experiences, workshops, and independent studies.

Standard III-H: The applicant must demonstrate knowledge about certification, specialty recognition, licensure, and other relevant professional credentials.

Implementation:
The applicant must demonstrate, through completion of the KASA form and supporting documentation, knowledge of state and federal regulations and policies related to the practice of speech-language pathology and credentials for professional practice. Documentation may include course modules and instructional workshops.

STANDARD IV: PROGRAM OF STUDY—SKILLS OUTCOMES

Standard IV-A: The applicant must complete a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Standard IV-G.

Implementation:
The applicant’s program of study should follow a systematic knowledge and skill-building sequence in which basic course work and practicum precede, if possible, more advanced course work and practicum.

Standard IV-B: The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation:
The applicant must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must demonstrate speech and language skills in English, which, at a minimum, are consistent with ASHA’s most current position statement on students and professionals who speak English with accents and nonstandard dialects. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Individuals educated in foreign countries must meet the criteria required by the International Commission of
Healthcare Professions (ICHP) in order to meet this standard.

**Standard IV-C:** The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. 25 hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

**Implementation:**
Observation hours generally precede direct contact with clients/patients. However, completion of all 25-observation hours is not a prerequisite to begin direct client/patient contact. The observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology. Observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area. Such direction may occur simultaneously with the student’s observation or may be through review and approval of written reports or summaries submitted by the student. Students may use videotapes of the provision of client services for observation purposes. The applicant must maintain documentation of time spent in supervised observation, verified by the program in accordance with Standards III and IV.

Applicants should be assigned practicum only after they have acquired a sufficient knowledge base to qualify for such experience. Only direct contact with the client or the client’s family in assessment, management, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client’s family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time he/she actually provided services— that is, 30 and 45 minutes, not 75 minutes. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

**Standard IV-D:** At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

**Implementation:**
A minimum of 325 hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program.

**Standard IV-E:** Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student’s level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.

**Implementation:**
Direct supervision must be in real time and must never be less than 25% of the student’s total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student’s level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client’s/patient’s disorder with a student providing clinical services as part of the student’s clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.
All observation and clinical practicum hours used to meet Standard IV-C must be supervised by individuals who hold a current CCC in the professional area in which the observation and practicum hours are being obtained. Only the supervisor who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

**Standard IV-F**: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

**Implementation:**
The applicant must demonstrate through the KASA form and other documentation direct client/patient clinical experiences in both diagnosis and treatment with both children and adults from the range of disorders and differences named in Standard III-C.

**Standard IV-G**: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. **Evaluation**:
   a. Conduct screening and prevention procedures (including prevention activities)
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures
   d. Adapt evaluation procedures to meet client/patient needs
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
   f. Complete administrative and reporting functions necessary to support evaluation
   g. Refer clients/patients for appropriate services

2. **Intervention**:
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs. Collaborate with clients/patients and relevant others in the planning process
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention
   d. Measure and evaluate clients’/patients’ performance and progress
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
   f. Complete administrative and reporting functions necessary to support intervention
   g. Identify and refer clients/patients for services as appropriate

3. **Interaction and Personal Qualities**:
   a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others
   b. Collaborate with other professionals in case management
   c. Provide counseling regarding communication and swallowing disorders to clients /patients, family, caregivers, and relevant others
   d. Adhere to the ASHA Code of Ethics and behave professionally

**Implementation:**
The applicant must demonstrate, through completion of the KASA form with supporting documentation, the acquisition of the skills referred to in this Standard. It is expected that these skills will be demonstrated for each of the nine major areas outlined in Standard III-C. This documentation must be maintained and verified by the program director or official designee.
In addition to direct client/patient contact, clinical skills may be developed and demonstrated through successful performance on academic course work and examinations, application of information obtained through clinical experiences, and completion of independent projects. In instances where applicants have not had direct patient contact with disorder and difference categories, appropriate alternative methods for skills development must be demonstrated. However, only direct clinical contact may be counted toward the required minimum of 400 clock hours of supervised clinical experience.

**STANDARD V: ASSESSMENT**

The applicant for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard III and Standard IV by means of both formative and summative assessment.

**Standard V-A: Formative Assessment**

The applicant must meet the education program’s requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills.

**Implementation:**
Formative assessment yields critical information for monitoring an individual’s acquisition of knowledge and skills. Therefore, to ensure that the applicant pursues the outcomes stipulated in Standard III and Standard IV in a systematic manner, academic and clinical educators must have assessed developing knowledge and skills throughout the applicant’s program of graduate study. Applicants may also be part of the process through self-assessment. Applicants and program faculties should use the ongoing assessment to help the applicant achieve requisite knowledge and skills. Thus, assessments should be followed by implementation of strategies for acquisition of knowledge and skills.

The applicant must adhere to the academic program’s formative assessment process and must maintain records verifying ongoing formative assessment. The applicant shall make these records available to the Council For Clinical Certification upon its request. Documentation of formative assessment will include the KASA form and may take a variety of other forms, such as checklists of skills, records of progress in clinical skill development, portfolios, statements of achievement of academic and practicum course objectives, among others.

**Standard V-B: Summative Assessment**

The applicant must pass the national examination adopted by ASHA for purposes of certification in speech-language pathology.

**Implementation:**
Summative assessment is a comprehensive examination of learning outcomes at the culmination of professional preparation. Evidence of a passing score on the ASHA-approved national examination in speech-language pathology must be submitted by the testing agency administering the examination.

**STANDARD VI: SPEECH-LANGUAGE PATHOLOGY CLINICAL FELLOWSHIP**

After completion of academic course work and practicum (Standard VI), the applicant then must successfully complete a Speech-Language Pathology Clinical Fellowship (SLPCF).

**Implementation:**
The Clinical Fellow may be engaged in clinical service delivery or clinical research that fosters the continued growth and integration of the knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA’s current Scope of Practice. The Clinical Fellow’s major responsibilities must be in direct client/patient contact, consultations, record keeping, and administrative duties.

The SLPCF may not be initiated until completion of the graduate course work and graduate clinical practicum required for ASHA certification.
It is the Clinical Fellow’s responsibility to identify a mentoring speech-language pathologist (SLP) who holds a current Certificate of Clinical Competence in Speech-Language Pathology. Before beginning the SLPCF and periodically throughout the SLPCF experience, the Clinical Fellow must contact the ASHA National Office to verify the mentoring SLP’s current certification status.

**Standard VI-A:** The mentoring speech-language pathologist and Speech-Language Pathology Clinical Fellow will establish outcomes and performance levels to be achieved during the Speech-Language Pathology Fellowship (SLPCF), based on the Clinical Fellow’s academic experiences, setting-specific requirements, and professional interests/goals.

**Implementation:**
The Clinical Fellow and mentoring SLP will determine outcomes and performance levels in a goal-setting conference within 4 weeks of initiating the SLPCF. It is the Clinical Fellow’s responsibility to retain documentation of the agreed-upon outcomes and performance levels. The mentoring SLP’s guidance should be adequate throughout the SLPCF to achieve the stated outcomes, such that the Clinical Fellow can function independently by the completion of the SLPCF. The Clinical Fellow will submit the SLPCF Report and Rating Form to the Council For Clinical Certification at the conclusion of the SLPCF.

**Standard VI-B:** The Clinical Fellow and mentoring SLP must engage in periodic assessment of the Clinical Fellow’s performance, evaluating the Clinical Fellow’s progress toward meeting the established goals and achievement of the clinical skills necessary for independent practice.

**Implementation:**
Assessment of performance may be by both formal and informal means. The Clinical Fellow and mentoring SLP should keep a written record of assessment processes and recommendations. One means of assessment must be the SLPCF Report and Rating Form.

**Standard VI-C:** The Speech-Language Pathology Clinical Fellowship (SLPCF) will consist of the equivalent of 36 weeks of full-time clinical practice.

**Implementation:**
Full-time clinical practice is defined as a minimum of 35 hours per week in direct patient/client contact, consultations, record keeping, and administrative duties relevant to a bona fide program of clinical work. The length of the SLPCF may be modified for less than full-time employment (FTE) as follows:
- 15-20 hours/week over 72 weeks
- 21-26 hours/week over 60 weeks
- 27-34 hours/week over 48 weeks

Professional experience of less than 15 hours per week does not meet the requirement and may not be counted toward the SLPCF. Similarly, experience of more than 35 hours per week cannot be used to shorten the SLPCF to less than 36 weeks.

**Standard VI-D:** The Clinical Fellow must submit evidence of successful completion of the Speech-Language Pathology Clinical Fellowship (SLPCF) to the Council For Clinical Certification.

**Implementation:**
The Clinical Fellow must submit the SLPCF Report and Rating Form, which includes the CFSI and documentation of successful achievement of the goals established at the beginning of the SLPCF. This report must be completed by both the Clinical Fellow and the mentoring SLP. The
Clinical Fellow must also submit the Employer(s) Verification Form, signed by the employer, which attests to the completion of the 36-week full-time SLPCF or its part-time equivalent.

Standard VII: Maintenance of Certification
Demonstration of continued professional development is mandated for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology. This standard will take effect on January 1, 2005. The renewal period will be 3 years. This standard will apply to all certificate holders, regardless of the date of initial certification.

Implementation:
Individuals who hold the Certificate of Clinical Competence (CCC) in Speech-Language Pathology must accumulate 30 contact hours of professional development over the 3-year period in order to meet this standard. At the time of payment of the annual certification fee, individuals holding the CCC in Speech-Language Pathology must acknowledge that they agree to meet this standard. At the conclusion of the renewal period, certified individuals will verify that they have met the requirements of the standard. Individuals will be subject to random review of their professional development activities. If renewal of certification is not accomplished by the end of the 3-year period, certification will lapse. Re-application for certification will be required, and certification standards in effect at the time of re-application must be met.

Continued professional development may be demonstrated through one or more of the following options:

1. Accumulation of 3 continuing education units (CEUs) (30 contact hours) from continuing education providers approved by the American Speech-Language-Hearing Association (ASHA). ASHA CEUs may be earned through group activities (e.g., workshops, conferences), independent study (e.g., course development, research projects, internships, attendance at educational programs offered by non-ASHA CE providers), and self-study (e.g., videotapes, audiotapes, journals).

2. Accumulation of 3 CEUs (30 contact hours) from a provider authorized by the International Association for Continuing Education and Training (IACET).

3. Accumulation of 2 semester hours (3 quarter hours) from a college or university that holds regional accreditation or accreditation from an equivalent nationally recognized or governmental accreditation authority.

4. Accumulation of 30 contact hours from employer-sponsored in-service or other continuing education activities that contribute to professional development.

Professional development is defined as any activity that relates to the science and contemporary practice of audiology, speech-language pathology, and speech/language/hearing sciences, and results in the acquisition of new knowledge and skills or the enhancement of current knowledge and skills. Professional development activities should be planned in advance and be based on an assessment of knowledge, skills and competencies of the individual and/or an assessment of knowledge, skills, and competencies required for the independent practice of any area of the professions.

For the first renewal cycle, beginning January 1, 2005, applications for renewal will be processed on a staggered basis, determined by their initial certification dates. For individuals initially certified before January 1, 1980, professional development activities must be initiated after January 1, 2005, and completed by December 31, 2007; for individuals initially certified between January 1, 1980, and December 31, 1989, professional development activities must be initiated after January 1, 2006, and completed by December 31, 2008; and for individuals initially certified after January 1, 1990, professional development activities must be initiated after January 1, 2007, and completed by December 31, 2009. All individuals will have a 3-year period to complete the process for renewal of certification.
ASHA - The American Speech-Language-Hearing Association

ASHA is the national scientific and professional association for speech-language pathologists, audiologists, and speech-language and hearing scientists concerned with communication behavior and disorders. ASHA is our professional association, and students are encouraged to become familiar with its goals, its programs, and its publications.

The manner in which clinicians receive clinical training follows certain guidelines prescribed by ASHA. The guidelines call for a minimum number of clinical clock hours of experience in various disorder categories, and require a certain percentage of supervised therapy sessions. However, it is the philosophy of the program that merely meeting minimum requirements does not mean that students have received adequate practicum experience. Our objective is to provide students with a number and quality of clinical experiences that will make them competent professionals. Meeting competency requirements often means that students will accumulate academic and clinical experiences well in excess of the ASHA minimum requirements.

NSSLHA - The National Student Speech-Language-Hearing Association

NSSLHA is the national organization for students interested in the study of normal and disordered communication behavior. Membership is open to undergraduate and masters level graduate students.

Membership at the national level will translate into reduced initial dues for ASHA, so students are encouraged to join. In addition to the national organization, many universities, including Lamar, maintain active chapters which meet during the year on a regular basis.

The Lamar Chapter of NSSLHA encourages student membership and support of its activities. Through Lamar Chapter programs, students will have a chance to participate in fundraisers, learn more about the opportunities that can result from professional training, more about the national NSSLHA Chapter, and about the workings of the ASHA. Each clinical trainee is urged to become a member of the Lamar Chapter of NSSLHA.

TSHA - Texas Speech-Language-Hearing Association

TSHA is the state organization for individuals working or interested in the fields of speech-language pathology and audiology. Membership is open to undergraduate and masters level graduate students at a reduced rate.

TSHA encourages students to become members and participate in its activities. Through involvement in TSHA students learn more about the opportunities available in Texas.

State Licensure and School Certification

In addition to the ASHA CCC, one should also be aware of the state regulatory (licensure) guidelines.

Collectively, 48 states regulate the practice of speech language pathology and audiology. It is anticipated that all states are moving toward the trend of requiring a master's degree. In all states with regulatory requirements, the master's degree or its equivalent is the minimum practice credential for employment in hospitals, rehab sites, nursing homes, etc. Not all states require a master's degree to work in the schools. Texas requires a Bachelor's degree and a Texas Health Department License to work in the schools as a speech-language pathology assistant under the direct supervision of a fully licensed and certified speech-language pathologist. For a complete list of rules and regulations go to http://www.dshs.state.tx.us/speech/sp_rules.shtm.

Except in those states where a license is required regardless of work setting, one does not have to have a health professions license to work in the schools. Instead, Speech Language
Pathologists must be independently certified by the particular state's department of education. The 13 states that require licensure regardless of work setting are Arizona, Connecticut, Delaware, Hawaii, Illinois, Iowa, Kansas, Louisiana, Massachusetts, Montana, New Hampshire, New Mexico, and Texas. Consequently, to work in the schools in states where licensure is not required, one must obtain the Department of Education certification. If an SLP wants to work in any other setting, he or she must also have a license.

The names, addresses, and telephone numbers for state education agency contacts, state speech-language-pathology regulatory agencies, as well as the characteristics of state licensure laws, are available through ASHA Fax-on-Demand and the ASHA Web site.

Additional information may be available from the following resources:

Texas Speech-Language-Hearing Association
918 Congress Avenue
Suite 200
Austin, Texas  78701-2422
Toll Free: (888) SAY-TSHA
Phone: (512) 494-1127
Fax: (512) 494-1129

Texas Department of State Health Services
PO Box 149347
Austin, Texas  78714-9347
Toll Free: (888) 963-7111
Phone: (512) 458-7111
Email: web.master@dshs.state.tx.us